

MAY 19 2009

NO. 246
0003

Customer No. 31,834

Atty. Dkt. No. B-0496 PUS

AMENDMENTS TO THE CLAIMS

The complete listing of all claims will serve to replace all prior versions of the claims. Applicants respectfully request favorable consideration of the present application in light of the present remarks.

Listing of claims

Claims 1-8 (Canceled)

9. (Previously Presented) A pharmaceutical composition for oral administration comprising triiodothyronine sulfate at a dose ranging from 5 to 1000 µg together with pharmaceutically acceptable additives selected from the group consisting of excipients, diluents, dissolvents, solvents, carriers, dyestuffs, flavouring and sweeteners.
10. (Previously Presented) The composition according to claim 9, comprising triiodothyronine sulfate at a dose ranging from 10 to 500 µg.
11. (Previously Presented) The composition according to claim 10, further comprising from 10 to 250 µg of thyroxine.
12. (Previously Presented) The composition according to claim 10, comprising triiodothyronine sulfate at a dose ranging from 25 to 250 µg.
13. (Previously Presented) The composition according to claim 11, further comprising from 25 to 200 µg of thyroxine.
14. (Previously Presented) A kit comprising (i) a pharmaceutical composition comprising triiodothyronine sulphate as defined in claim 10 and (ii) a pharmaceutical composition for oral use comprising an effective amount of thyroxine.
15. (Previously Presented) The kit according to claim 14, comprising from 10 to 500 µg of triiodothyronine sulfate and from 10 to 250 µg of thyroxine, in compositions (i) and (ii), respectively.

Customer No. 31,834

Atty. Dkt. No. B-0496 PUS

16. (Canceled)

17. (Withdrawn - Currently Amended) A method of treating a subject with a pathology due to organic deficiency of triiodothyronine comprising oral administration of ~~triiodothyronine sulfate at a dose ranging from 5 to 1000 µg~~ a pharmaceutical composition according to claim 9.

18. (Withdrawn) The method according to claim 17, wherein the triiodothyronine sulfate is administered at a dose ranging from 10 to 500 µg.

19. (Withdrawn) The method according to claim 18, wherein the triiodothyronine sulfate is administered at a dose ranging from 25 to 250 µg.

20. (Withdrawn - Currently Amended) A method of treating a subject with a pathology due to organic deficiency of triiodothyronine comprising oral administration of ~~triiodothyronine sulfate in association with thyroxine at doses ranging from 10 to 500 µg and from 10 to 250 µg, respectively~~ a pharmaceutical composition according to claim 11.

21. (Withdrawn) The method according to claim 20, wherein the triiodothyronine sulfate is administered at a dose ranging from 25 to 250 µg and the thyroxine is administered at a dose ranging from 25 to 200 µg.

22. (Withdrawn) The method according to any one of claims 17 or 20, wherein said pathology is selected from the group consisting of original hypothyroidism from autoimmune thyroid affections, hormonal production defects, thyroidectomy, and congenital hypothyroidism.

23. (Withdrawn) The method according to any one of claims 17 or 20, wherein said pathology is due to reduced activity of type I 5'-iodothyronine monodeiodinase.

24. (Withdrawn) The method according to claim 23, wherein said reduced activity of type I 5'-iodothyronine monodeiodinase is due to hypothyroidism, non

Customer No. 31,834

Atty. Dkt. No. B-0496 PUS

thyroidal systemic illness, fast, or selenium shortage.

25. (Previously Presented)

The kit according to claim 15, comprising from 25 to 250 μg of triiodothyronine sulfate and from 25 to 200 μg of thyroxine, in compositions (i) and (ii), respectively.